MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		2				
5		2				
6		2				
7						
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16						
17						
18		1				
19		2				
20		2				
21		2				
22	1					
23		1				
24		2				
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50						
TOTAL IND.	2					
TOTAL DEP.	49					
TOTAL CLAIMS	51					

		AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
		IND	DEP	IND	DEP	IND	DEP
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	99						
	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						